

OWNER AND PROPERTY INFORMATION RECORD
FOR SAFE DEPOSIT BOX / SAFEKEEPING ITEMS
UPD 206

HOLDER NAME _____

Page _____ of _____

BACK-DUE RENT CHARGES NOT ALLOWED

* **SAFE DEPOSIT BOX
OR SAFEKEEPING
NUMBER** _____

* **DATE LEASE
EXPIRED** _____

**DRILLING
COST** _____

A

Check One ____ Single ____ Joint Owner ____ of ____	Rel Code	Prefix (10)	Last Name or Company (40): (circle one)	First (30)	MI(10)	Suffix (10)
Bldg., Room, Floor, Suite or Apt # (30)						
Street or RR / Box (30)						
PO Box / APO / Foreign Address (30)					Country	
City (30)			State (2)	ZIP (9)	SSN	
Comments						

* For **Safe Deposit Boxes**,
these items must be completed
or the report will be returned.

B

Check One ____ Single ____ Joint Owner ____ of ____	Rel Code	Prefix (10)	Last Name or Company (40): (circle one)	First (30)	MI(10)	Suffix (10)
Bldg., Room, Floor, Suite or Apt # (30)						
Street or RR / Box (30)						
PO Box / APO / Foreign Address (30)					Country	
City (30)			State (2)	ZIP (9)	SSN	
Comments						

DESCRIPTION OF UNCLAIMED PROPERTY (You may attach original inventory statement)

I hereby certify that the above statements and the items listed, if any, are true and correct.

Signature of Authorized Personnel

Date

[illegible]